HEALTH
PROFESSIONS
COUNCIL

SUPPLEMENTARY REPORT ON SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

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Application by the
BC Association of
Speech-Language Pathologists and Audiologists

December 2002

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105-03697/

SUPPLEMENTARY REPORT ON SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

I. INTRODUCTION

In February 2001, the Health Professions Council (Council) submitted to the Minister of Health (Minister) its report (SLPA Report) on an application for designation from the BC Association of Speech-Language Pathologists and Audiologists (Applicant). In the SLPA Report, the Council recommended the designation of the profession of speech-language pathology and audiology (SLPA) under the *Health Professions Act* (*HPA*).

On August 9, 2002, the Minister requested further information from the Council regarding its investigation of SLPA. Specifically, the Minister requested clarification of certain issues:

Speech-language pathology:

- *With reference to the scope of practice statements for this profession and the recommended reserved action of "diagnosis", did the Council consider whether it would be appropriate to use the phrase "communication delay or disorders"?*

- *Please clarify the Council's recommendation respecting the use of this phrase in the scope of practice statement and in this reserved action.*

Audiology:

- *With respect to the scope of practice statement for audiology and the recommended reserved action of diagnosis, did the Council consider whether it would be appropriate to use the phrase "peripheral and central vestibular dysfunction"?*

- *Please clarify the Council's conclusions respecting the inclusion of this phrase in the scope of practice statement for audiology.*

- *With respect to the scope of practice, did the Council consider whether to include "recommending and verification of hearing aids"?*

- *Please clarify the Council's conclusions about the application of this phrase to the scope of practice.*

General issues:

- *Did the Council consider adding "ear mold impression material" to the reserved action "putting instruments into the external ear canal, up to the eardrum, including applying pressurized air or water"?*

- *Did the Council consider rephrasing the reserved action to "beyond the cartilaginous portion of the external ear"?*

- *Please clarify the Council's conclusions about the inclusion of these phrases in this reserved action.*

In addressing these issues the Council reviewed the SLPA Report and considered the submissions made during its review process. The Council has also been provided with submissions made to the Ministry subsequent to the issuance of the SLPA Report, including the following:

- The Applicant's June 25, 2001 response to the Council's SLPA Report, and

- The Applicant's revised response, dated July 2, 2002, to the Council's SLPA Report.

Each of these issues is addressed in turn but first the Council wishes to make some introductory remarks about the nature of its mandate in respect of applications for designation under the *HPA*.

Once an application is received, the Council conducts a written consultation process followed in most cases by a public hearing. Generally, the application itself determines the scope of the Council's inquiries, and most submissions focus directly on issues raised in the application. Following the public hearing, the Council issues to all participants in the process a preliminary report setting out its recommendations. Participants are asked to comment on matters involving interpretation or wording of the report which they feel require clarification prior to submission of the final report. The Council at this point does not seek input on major substantive issues. The primary reason for the more limited scope of comments after the public hearing is fairness. It is not fair to engage in major reconsiderations of substantive issues after the public hearing since the participants have already been involved in a detailed consultation and an open, public hearing process based on the original submissions.

In this case, the Applicant submitted a detailed and lengthy revision of its initial application in January 1999, almost five weeks after the public hearing. The Council conducted a detailed review of that submission and issued a preliminary report in November 1999. The

Applicant then submitted a detailed response submission in December 1999 which raised several new issues. While the Council reconsidered all of the Applicant's submissions in this matter, it was crucial to the fairness of the process in the Council's view to balance these submissions against the fact that other participants had already expended considerable resources and made detailed submissions in the written and oral process based on the original submissions. Further, although the Council considered all of the material submitted, it does not feel obligated to respond in writing to every point made in each and every submission. Rather, the Council's report analyzes the major issues and makes the appropriate recommendations in a fair and balanced manner.

II. ANALYSIS OF ISSUES RAISED BY THE MINISTER

A. SPEECH-LANGUAGE PATHOLOGY

1. Communication delays (scope of practice statement)

In its SLPA Report, the Council recommended that speech-language pathologists (SLPs) be granted the following scope of practice statement:

> *the practice of speech-language pathology is the assessment, diagnosis, treatment, rehabilitation and prevention of speech, language and related communication disorders and vocal tract dysfunction, and feeding and swallowing disorders, to promote and maintain communicative health;*

In its July 2, 2002 submission, the Applicant states:

> *The HPC did not accept BCASLPA's December 1999 proposal that would have seen the inclusion of "communication delays" in the scope statement. Instead, the Council uses only the phrase "communication disorders".*
>
> ...
>
> *Disorders and delays are different clinical problems. For example, an infant may be assessed as delayed but may not yet have, and may never have, a diagnosis of a "communication disorder". But a communication delay can be as significant for the life of that child as a communication disorder.*

The Applicant proposes the following scope of practice statement for speech-language pathologists (SLPs):

> *The practice of speech-language pathology is the assessment, diagnosis, treatment, rehabilitation and prevention of speech, language and related communication delays or disorders and vocal tract dysfunction, ~~and~~ including feeding and swallowing disorders, to promote and maintain communicative health.* [Change in wording underlined; deleted wording struck through.]

According to the Council's *Terms of Reference* for the scope of practice review and its *Policy Guidelines*, the purpose of a profession's scope of practice statement is to describe what the profession does, the purpose for which it does it and the methods it uses. As indicated in the report, *Closer To Home, The Report of the British Columbia Royal Commission on Health Care and Costs*, "*a scope of practice statement will define an individual profession's activities in broad, non-exclusive terms.*" Further, one of the primary objectives of the statement is that it be concise and inform consumers about the services the profession performs.

Thus, the scope of practice statement is meant as a descriptive and general statement of the profession's services to the public. It is not intended to be a complete and exhaustive list of the profession's services. The Council accepts that assessment and treatment of communication delays is an important part of SLPs' practice. However, the Council believes that its recommended scope of practice statement is accurate. The Applicant's distinction between "delay" and "disorder" does not assist in terms of informing the public. In the Council's view, it is reasonable to conclude that the terms "disorders and vocal tract dysfunction" encompasses communication delay. The breadth of the recommended scope of practice statement, and particularly the reference to "prevention", would allow SLPs to perform this activity. Further, as the Council noted in its final report on the scope of practice review, *Safe Choices: A New Model For Regulating Health Professions In British Columbia* (*Safe Choices* Report), much reliance was placed on the Ontario regulatory system on which the B.C. model is based. In Ontario, the scope of practice statement for SLP makes no reference to communication delay. The Council is satisfied that the recommended scope of practice statement, particularly the clear intent that it apply to "prevention" of disorders, would allow SLPs to perform this activity.

2. Communication delays (reserved act of diagnosis)

With respect to the reserved act of diagnosis, the Council in its SLPA Report recommended that SLPs be granted the following:

> *making a diagnosis of a communication disorder by identifying a dysfunction or condition as the cause of signs or symptoms of an individual;*

The Applicant proposes adding "delay" to the reserved act of diagnosis for SLPs so that it would read:

> *making a diagnosis of a communication delay or disorder by identifying a dysfunction or condition as the cause of signs or symptoms of an individual.*
> [Additional wording underlined.]

As stated above, the Council believes that adding "*delay*" is unnecessary, and therefore sees no need to make any change in the diagnosis reserved act for SLPs.

B. AUDIOLOGY

In its final report on hearing aid dealing and consulting (HADC Report), the Council recommended that audiologists be granted the following scope of practice statement:

> *the practice of audiology is the assessment, diagnosis, treatment, rehabilitation and prevention of hearing and related communication disorders and peripheral and central auditory system dysfunction to promote and maintain communicative and auditory health.*

1. Peripheral and central vestibular dysfunction and vestibular health

The Applicant states that references to vestibular testing, vestibular dysfunction and vestibular health must be included in the audiologists' scope of practice statement:

> *A scope statement should be as accurate as possible and reflect actual practice. There are many audiologists, particularly those in hospital settings, who routinely engage in diagnosis, assessment and treatment of vestibular problems. If there is no mention of this facet of audiology practice in this scope statement, it is possible that other health care providers could argue that it is not part of an audiologist's daily practice. At the least, the absence of this reference does not meet the HPC's own criteria for wording a scope statement.*

In its December 23, 1999 submission to the Council, the Applicant states:

> *... The phrase "hearing and related communication disorders and peripheral and central auditory system dysfunction" does not include vestibular dysfunction. A number of audiologists in British Columbia measure vestibular dysfunction for patients suspected of having vestibular dysfunction. This is done autonomously, most commonly on referral from a physician, but without supervision. Graduate students in audiology receive instruction in this area. If vestibular testing is not recognized as part of the scope of practice, the public will suffer reduced access to a valuable service, and audiologists will lose access to a valuable part of their test battery. ...*

Elsewhere in its July 2, 2002, submission, the Applicant states:

> *Some audiologists diagnose the presence or absence of a vestibular disorder. While there is limited formal training at the University of British Columbia in this area, other audiology training programs offer extensive coursework, and continuing education workshops for audiologists. Audiologists have contributed significantly to the literature on vestibular disorders. Vestibular testing is performed independently by audiologists at St. Paul's and St. Mary's Hospitals.*
>
> *BCASLPA recommends that the audiology diagnosis reserved act should include mention of vestibular disorders and dysfunction. However, as this aspect of audiology diagnosis involves an advanced competency that may not be assessed on initial registration, this narrow aspect could be made subject to the audiologist having to complete some College-approved regulatory requirement, which would also be subject to review by government in the form of bylaws.*

Thus, the Applicant concedes that this area of audiology practice is not part of general practice, but is generally performed only by some practitioners with additional training and education. Vestibular dysfunction generally refers to disorders of the inner ear which usually involve symptoms such as vertigo, dizziness, spinning, nausea or motion sickness. These symptoms can be associated with several serious conditions including multiple sclerosis, brain tumours and vascular disease. In the Council's view, otolaryngologists, not audiologists, are primarily responsible for the diagnosis and treatment of vestibular dysfunction. Audiologists' involvement in vestibular function is secondary to its central focus on human hearing and disorders of communication. While the Council accepts that audiologists are sometimes involved with measurement of vestibular function, these services are performed only to the extent that vestibular function relates to communication or auditory disorders. The current involvement of audiologists in vestibular function falls within the Council's recommended scope of practice statement. To the extent that audiologists are involved directly in the diagnosis and treatment of vestibular dysfunction, the Council believes that this issue can be addressed through the delegation process.

2. Recommending and verification of hearing aids

In its July 2, 2002 submission the Applicant proposes that "recommending and verification of hearing aids" be added to the scope of practice statement for audiology. It states:

> *The lack of any reference in the audiology scope statement to the role that non-dispensing audiologists play with respect to recommending and verifying hearing aids could have significant negative impacts on patients. Some audiologists are involved with hearing aids, but do not sell or dispense hearing aids, and therefore are not appropriate candidates for licensing under the Hearing Aid Act. Those aspects of audiology practice which involve hearing aids but fall outside the scope of the Hearing Aid Act (or any regulation under the HPA that may replace that act) must be expressly recognized and thus incorporated into the scope of practice for all audiologists.*

The Council is satisfied that as previously indicated, the scope of practice statement is meant to be a concise description of a profession's services. It is not intended as an exhaustive list of all activities carried out by a profession. The Council is satisfied that its recommended scope of practice statement, particularly the reference to assessment and treatment of hearing disorders, clearly encompasses recommending and verification of hearing aids.

Interestingly, although dispensing audiologists would be covered by this same scope of practice statement, the Applicant does not submit that excluding the term "recommending and verification of hearing aids" would prevent dispensing audiologists from practising. Rather, the real issue here is that some audiologists dispense hearing aids while others do not. Presently, those that do dispense are required to register under the *Hearing Aid Act* (*HAA*). The position of the Applicant focuses on the issue of non-dispensing audiologists' involvement with hearing aids.

The definition of "practice of hearing aid dealer" in the *HAA* states:

> *"practice of a hearing aid dealer and consultant" means*
>
> *(a) testing human hearing by audiometer or other means for the purpose of selecting, adapting, recommending or selling hearing aids,*
> *(b) selecting, adapting, recommending, selling or offering for sale hearing aids, or*
> *(c) making impressions for ear molds to be used in connection with hearing aids;*

This is a broad definition and would encompass recommending and verification of hearing aids.

The Council was clear in both the SLPA Report and the HADC Report that any person involved in dispensing should be regulated by the *HAA*:

> *In the Council's view, the regulation of dispensing related services should continue to be one of the Board's tasks. Therefore, in the Council's view there is no need to reserve the act of dispensing hearing aids. Should the HAA not continue in force, provision will have to be made for including the reserved act of dispensing hearing aids on the Council's list.*

The issue is not whether audiologists are called non-dispensing or dispensing – but rather what services they perform. It is clear from the Applicant's submission that some non-dispensing audiologists are involved in some of the services listed in the *HAA*. As stated, in its HADC Report, the Council believes that any person involved in such activities, whether they are called dispensing or non-dispensing audiologists, should be regulated.

The Council is aware that steps have been taken to repeal the *HAA*. With the removal of the *HAA*, the Minister should ensure that dispensing activities are regulated and that all aspects of dispensing services as defined in the *HAA* be encompassed by the regulation.

C. GENERAL ISSUES

1. Ear mold impression materials

The Council recommended that audiologist members of the College be granted the reserved act of "*performing the physically invasive or physically manipulative act of putting instruments into the external ear canal, up to the eardrum, including applying pressurized air or water*". The Applicant proposes that "*ear mold impression material*" be added to this reserved act.

In its final report on hearing aid dealing and consulting (HADC Report) the Council considered the issue of ear mold impression material and noted that the *HAA* states that the practice of hearing aid dealer and consultant is defined in part as:

> *(c) making impressions for ear molds to be used in connection with hearing aids.*

The Council recommended that all persons involved in the dispensing of hearing aids be regulated under the *HAA*, including dispensing audiologists. At the time of the HADC

Report, the Council was satisfied that the *HAA* provisions provided sufficient protection against the risk of harm arising from ear mold impressions.

Since steps have been taken to repeal the *HAA*, the Minister should address the risk of harm involved in ear mold impressions. Therefore, the Council recommends that "ear mold impression materials" be added to the reserved act of *performing the physically invasive or physically manipulative act of putting instruments into the external ear canal, up to the eardrum, including applying pressurized air or water*".

Therefore, the Council recommends that the following reserved act be granted to audiologist members of the college of speech-language pathologists and audiologists:

> **Performing the physically invasive or physically manipulative act of putting instruments or ear mold impression material into the external ear canal, up to the eardrum, including applying pressurized air or water.**

2. Beyond the cartilagenous portion of the external ear

The Applicant also proposes that the phrase "*beyond the cartilagenous portion of the external ear*" replace the phrase "*into the external ear canal*". The Applicant states:

> *... The walls of the outer portion of the ear canal are formed by cartilage, but the walls of the inner portions up to the eardrum are formed by bone. By specifically mentioning the boundary between these two portions of the canal, the Alberta reserved act allows for insertion of instruments and materials into the outer, cartilagenous portion of the ear canal. The insertion of instruments and materials into the outer, cartilagenous portion of the ear canal does not present a significant risk of harm, but insertion of instruments and materials beyond the cartilagenous portion is potentially very hazardous.*

Prior to its review of SLPA, the Council's reserved act "*performing the physically invasive or physically manipulative act of putting instruments into the external ear canal, up to the*

eardrum, including applying pressurized air or water" contained the phrase "*beyond the external ear canal*". As the Applicant quite rightly pointed out this initial wording was anatomically incorrect as moving "beyond the external ear canal" would mean moving into the ear canal. As a result the Council accepted the Applicant's submission that the wording be changed to "*into the external ear canal*".

The Applicant now proposes to change that phrase to "*beyond the cartilagenous portion of the external ear canal*". In the Council's view this is unnecessary. The effect of the Applicant's proposal is that the reserved act would be less restrictive in that a larger portion of the ear canal could be treated by unregulated health care providers. The Council does not believe this to be in the public interest and therefore, does not believe any changes are necessary to this reserved act.

APPENDIX

RESERVED ACTS LIST

1. Making a diagnosis identifying a disease, disorder or condition as the cause of signs or symptoms of the individual.

2. Performing the following physically invasive or physically manipulative acts:

   (a) procedures on tissue below the dermis, below the surface of a mucous membrane, in or below the surface of the cornea, in or below the surfaces of the teeth, including the scaling of teeth;

   (b) setting or casting a fracture of a bone or reducing a dislocation of a joint;

   (c) movement of the joints of the spine beyond the limits the body can voluntarily achieve but within the anatomical range of motion using a high velocity, low amplitude thrust;

   (d) administering a substance, other than a drug,

      i. by injection,

      ii. by inhalation,

      iii. by mechanical ventilation,

      iv. by irrigation, or

      v. by instillation through enteral or parenteral means; and

   (e) putting an instrument, hand or finger(s),

      i. into the external ear canal, including applying pressurized air or water,

ii. beyond the point in the nasal passages, where they normally narrow,

iii. beyond the pharynx,

iv. beyond the opening of the urethra,

v. beyond the labia majora,

vi. beyond the anal verge, or

vii. into an artificial opening into the body.

3. Managing labour or delivery of a baby.

4. Applying or ordering the application of a hazardous form of energy including ultrasound, electricity, magnetic resonance imaging, lithotripsy, laser and X-ray, or as prescribed by regulation.

5. (a) Prescribing, compounding, dispensing or administering by any means a drug listed in Schedule I or II of the *Pharmacists, Pharmacy Operations and Drug Scheduling Act*, or as prescribed by regulation.

For the purposes of this reserved act, the following definitions shall apply:

"prescribing": the ordering of a drug;

"compounding": mixing ingredients, at least one of which is a drug; and

"dispensing": preparing or filling a prescription for drugs.

(b) Designing, compounding or dispensing therapeutic diets where nutrition is administered through enteral or parenteral means.

For the purposes of this reserved act, the following definitions shall apply:

"designing": the selection of appropriate ingredients for enteral or parenteral nutrition;

"compounding": mixing ingredients, for enteral or parenteral nutrition; and

"dispensing": filling a prescription for enteral or parenteral nutrition.

6. Prescribing appliances or devices for vision, hearing or dental conditions; dispensing such prescribed appliances or devices for dental conditions; fitting such appliances or devices for dental conditions, or fitting contact lenses.

For the purposes of this reserved act, the following definitions shall apply:

"prescribing": ordering the fabrication or alteration of appliances or devices for vision, hearing, or dental conditions; and

"dispensing": filling a prescription by fabricating or altering a dental appliance or device.

7. (a) Allergy challenge testing or allergy desensitizing treatment involving injection, scratch tests or inhalation, and allergy challenge testing by any means with respect to a patient who has had a previous anaphylactic reaction;

(b) Cardiac stress testing conducted for medical diagnosis and treatment planning.